

**Office Use Only**  
Cycle/ Route: \_\_\_\_\_ / \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Date: \_\_\_\_\_



City of Goodyear  
Change Form

☐ **Add**

☐ **Remove**

☐ **Update**

Account Information

Name on Account: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Account Number: \_\_\_\_\_ - \_\_\_\_\_  
Service Address: \_\_\_\_\_

.....

**Change Needed:**

(If adding another name to the account, we require Social Security Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information stated above is true, correct, and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

Return completed form to:  
City of Goodyear 190 N. Litchfield Rd Goodyear, AZ 85338 Attn: Utilities  
Or fax to 623-932-3003